

ALEXANDRIA, VIRGINIA REDWOOD SHORES, CALIFORNIA DURHAM, NORTH CAROLINA REPLY To: P.O. Box 1404

ALEXANDRIA, VIRGINIA 22313-1404

Telephone: +1.703.836.6620

11.705.050,0020

FACSIMILE: +1.703.836.2021 (GROUP 3)

+1.703.836.0028 (GROUP 4)

DATE: May 22, 2000

RECIPIENT INFORMATION		SENDER INFORMATION		
To:	Exr. A. Marschel/Gr. 1655	From:	Malcolm K. McGowan, Ph.D.	
Voice Tel. No.:	703 308 3894	Voice Tel. No.:	703 838 6630	
Fax Tel. No.:	703 305-7939	Sent By:	Sally Dankers	
Your Ref.:	08/487,974	Our Ref.:	028723-016	
		Total Pages (Incl. This Cover	Page):	
RE:		'	•	

MESSAGE:

NOTE: The information contained in this facsimile message is attorney-client privileged and contains confidential information intended only for the use of the person(s) named above and others expressly authorized to receive it. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is prohibited and you are asked to notify us immediately by telephone and to return this message to us by mail without copying it.

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(BDSM 12/99)

Patent Attorney's Docket No. 028723-016

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of			•	
Joe GRAY et al.)	Group Art Unit: 1655	
Application No.: 08/487,974)	Examiner: A. Marschel	
Filed: .	June 7, 1995)		
	A METHOD OF DETECTING GENETIC TRANSLOCATIONS)		
	IDENTIFIED WITH CHROMOSOMAL	í		
	ABNORMALITIES (as amended)	í		
	AMENDMENT/REPLY T	<u>RAN</u>	NSMITTAL LETTER	
	nt Commissioner for Patents gton, D.C. 20231			
Sir:				
End	closed is a reply for the above-identified pa	tent	application.	
[X]	[X] A Petition for Extension of Time is also enclosed.			
[]	[] A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.			
[]	Also enclosed is			
[]	[] statement(s) claiming small entity status [] are also enclosed [] were submitted previously.			
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.			
[X]	No additional claim fee is required.			

[] An additional claim fee is required, and is calculated as shown below:

Amendment/Reply Transmittal Letter Application No. <u>08/487,974</u> Attorney's Docket No. <u>028723-016</u> Page 2

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	Addt'l Fee
Total Claims		MINUS =		× \$18.00 (103) =	
Independent Claims		MINUS =		× \$78.00 (102) =	
f Amendment adds mu	ltiple dependent	claims, add \$260.00	(104)		
Total Amendment Fee					
If small entity status is	claimed, subtrac	et 50% of Total Ame	ndment Fee		

[]	A claim fee in	the amount of \$i	is enclosed
r	1	Charge \$	to Deposit Account No	M2.4800

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No.02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Malcolm K. McGowan, Ph. L. Registration No. 39,300

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: May 22, 2000